2-10-01

PTO/SB/05 (2/98)

Approved for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

UTILITY PATENT APPLICATION **TRANSMITTAL**

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PC10897ADAM Attorney Docket No. First Named Inventor or Application Identifier John D. McNeish, et al. MODULATING RAMP ACTIVITY EL911725212US Express Mail Label No.

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APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.				Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC 20231							
1.		*Fee Transmit	tal Form (e.g., PTO/S	B/1 <i>7</i>)	6.		Microfiche Co		ram <i>(Appendix)</i>		
2.	\boxtimes	Specification [Total Pages 41] [Institute of the page			7.		Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)				
	**	DescriptiveCross ReferStatement F	title of the Invention rences to Related App Regarding Fed sponson Microfiche Appendia	lications ored R&D		a b c	. Paper		le Copy ical to computer copy) g identity of above copies		
ł			of the Invention						ICATION PARTS		
ł		_	ary of the Invention								
		Brief DescriDetailed DeClaim(s)	ption of the Drawings scription	(if filed)	8. 9.		37 C.F.R. §3.73	(b) Statemen	<u> </u>	/	
			the Disclosure		10.		(when there is English Trans	•	e) nent (<i>if applicable</i>)	ļ	
3.		Drawing(s) (35	U.S.C. 11.3)[Total she	eets [6]	11.		Information Di Statement (ID		Copies of IDS Citations		
4.	\boxtimes	Dath or Declara	tion [Total pa	ges 3	12.		Preliminary A				
			executed (original or		13.		Return Receip				
		§1.63(c		ox 17 completed)	14.		*Small Entity Statement(s) (PTO/SB/09-1	Stat	tement filed in prior applicatio us still proper and desired	n,	
_		invento	DELETION OF IN statement attached or(s) named in the pric C.F.R. §§1.63(d)(2) a	leleting or application,	15.		Certified Copy (if foreign prio	•	• •		
CC CC	he ent opy of onside	ire disclosure of the oath or dec red to be part	By Reference (useable of the prior application claration is supplied u of the disclosure of the by incorporated by re	, from which a nder Box 4b, is e accompanying	14.		Other:				
"NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).											
17.	If a Co	ONTINUING A	PPLICATION, check a	ppropriate box, and s	upply t	he requis	ite information be	low and in a pr	reliminary amendment:		
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: Continuation Divisional Continuation-in-part (CIP) of prior application No: //											
Prior application information: Examiner Group/Art Unit:											
			18	. CORRES	PON	DENCE	ADDRESS				
Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below											
Name Gregg C. Benson											
Address Pfizer Inc.											
Addre	ss		tent Department, MS 4159, Eastern Point Road								
City		Groton State				CT Zip Code 06340			06340		
Count				1-(860)-441-4901 Fax 1-(860)-441-5221			1-(860)-441-5221				
	NAME	(Print/type)	Deborah A. Martin				No. (Attorney/	'Agent)	44,222		

<u> 11-30-01</u>

Date

Signature

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OMB 0651-0032 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

	Complete if Known							
FEE TRANSMITTAL	Application Number				To be assigned			
	Filing Date				Herewith			
Patent fees are subject to annual revision on October 1. These are the fees effective October 1, 2001.	First Named Inventor				John D. McNeish, et al.			
Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.	Examiner Name				To be assigned			
See 37 C.F.R. §§ 1.27 and 1.28.	Group/Art Unit				To be assigned			
Total Amount of Payment (\$)1076.00	Attorney Docket No.				PC10897ADAM			
METHOD OF PAYMENT (check one)					LCULATION (confinued)			
The commissioner is hereby authorized to charge	3. ADDITIO	NAL F	EES		(oonanaaa)			
indicated fees and credit any over payments to:	Large Entity		Small I	Entity				
Deposit Account Number	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid		
Deposit Account Name Pfizer Inc.	105	130	205	65	Surcharge – late fee or o	ath		
	127	50	227		Surcharge–late provision cover sheet	al filing fee or		
37 Fee Required Under 37 C.F.R § 1.1.8 at the Mailing	139	130	139	130	Non-English specification	1		
C.F.R. §§ 1.1.6 and 1.17. of the Notice of Allowance.	147	2,520	147	2,520	For filing a request for re	examination		
and the state of t	112	920*	112	920*	Requesting publication of	f SIR prior to		
Payment Enclosed: Check Money Order Other		1,840*	113	1,840*	Examiner action Requesting publication or Examiner action	<u> </u>		
FEE CALCULATION	115	110	215	55	Extension for reply within	i first month		
1 BASIC FILING FEE	116	400	216	200	Extension for reply within month	<u>' '</u> 1		
Grands Grands	117	920	217	460	Extension for reply within	third month		
Large Entity Small Entity Fee Fee Fee Fee Description Fee Paid Gede (\$) Code (\$)	118	1,440	218	720	Extension for reply within			
740 00 201 370 Utility filing fee 740 00	128	1,960	228	980	Extension for reply within	i fifth month		
106 330 206 165 Design filing fee	119	320	219	160	Notice of Appeal			
107 510 207 255 Plant filing fee	120	320	220	160	Filing a brief in support o	f an appeal		
7108 740 208 370 Reissue filing fee	121	280	221	140	Request for oral hearing	licuse		
114 160 214 80 Provisional filing fee 740 00	138	1,510	138	1,510	Petition to institute a pub proceeding			
30B101AL (1) (\$)	140	110	240	55	Petition to revive - unavo	<u></u>		
2. EXTRA CLAIM FEES	141	1,280	241	640	Petition to revive - uninte	<u></u>]		
Extra Fee from Claims below Fee Paid	142	1,280	242	640	Utility issue fee (or reissu	ue)		
Total Claims 14 -20**= 0 X 18.00 = 0	143	460	243	230	Design issue fee			
Independent 7 - 3**= 4 X 84.00 = 336.00	144	620	244	310	Plant issue fee			
Multiple Dependent 0 = 0	122	130	122	130	Petitions to the Commiss	sioner		
** or number previously paid, if greater; For Reissues, see below Large Entity Small Entity	123	50	123	50	Petitions related to provis	sional		
Fee Fee Fee Fee Description Code (\$) Code (\$)	126	180	126	180	Submission of Informatic Statement	on Disclosure		
103 18 203 9 Claims in excess of 20	581	40	581	40	Recording each patent a property (times number of			
102 84 202 42 Independent claims in excess of 3	146	740	246	370	Filing a submission after			
104 280 204 140 Multiple dependent claim, if not paid	149	740	249	370	(37 CFR 1 129(a)) For each additional invertexamined (37 CFR 1.129)			
109 84 209 42 **Reissue independent claims over	Other Fee	(specif	y)		J. J	-(-"		
original patent 110 18 210 9 **Reissue claims in excess of 20 and over original patent		(specif	y)					
SUBTOTAL (2) (\$) 336.00	*Reduced	by Bas	ic Filing Fe	ee Paid	SUBTOTAL (3) (\$) 0			
SUBMITTED BY					Complete (if Applicable)			
Type or Printed Name Deborah A Martin					Reg Number 44,222			
Signature Solmed a. M.	Pate		1-30	-0(Deposit Account User ID	16-1445		

I hereby o	certify that this correspondence is being deposited with the United States Postal Service as express mail in an envelope addressed to: noner for Patents – U.S. Patent and Trademark Office, Washington, D.C. 20231 on this and Trademark 2001.
Ву	Janice M. Knison
· <u>-</u>	Signature of person mailing) Janice M. Denison
_	(Typed or printed name of person)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: John D. McNeish, et al. :

APPLICATION NO.: To be assigned : Examiner: To be assigned

FILING DATE: Herewith : Group Art Unit: To be assigned

TITLE: MODULATING RAMP ACTIVITY :

Commissioner for Patents U.S. Patent and Trademark Office Washington, D.C. 20231

STATEMENT REGARDING SUBMISSION OF SEQUENCE LISTING UNDER 37 C.F.R. §1.821(f)

I hereby state that the information recorded in computer readable form is identical to the written sequence listing.

Respectfully submitted,

Deborah A. Martin

Attorney for Applicant(s)

Reg. No. 44,222

Pfizer Inc.

Date:

Patent Department, MS 4159 Eastern Point Road Groton, Connecticut 06340 (860) 715-1821

11-30-01